

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**LIST OF ATTACHMENTS**

I. Attachments to be included as part of the contract:

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II. Attachments to be included as part of the solicitation:

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PART III-LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS  
SECTION J  
ATTACHMENT J-1  
STATEMENT OF WORK

This scope of work describes the requirements for Technical Surveillance Countermeasures (TSCM) services for the National Nuclear Security Administration Nevada Operations Office (NNSA/NV). The contractor shall furnish all necessary personnel and services needed for, or incidental to, performing the required activities. The mission of the TSCM contractor is to perform surveys of NNSA/NV facilities in accordance with DOE orders specific to TSCM. These services include but are not limited to TSCM Surveys, TSCM Inspections, TSCM Monitors, TSCM Special Activities, TSCM Advice and Assistance, and TSCM Briefings. These services are defined in the Technical Surveillance Countermeasures Procedural Manual dated October 1994.

TSCM services for inspections and surveys shall be performed by a minimum of a two-person team, in which one of the TSCM members must be a DOE Certified TSCM Specialist. All other TSCM activities must be performed by a DOE certified TSCM Specialist. TSCM services are required at regular intervals at NNSA/NV facilities such as vaults, vault-type rooms, sensitive compartmented information facilities, special access program facilities, and other areas deemed necessary by the NNSA/NV TSCM Operations Manager (TSCMOM). TSCM services are also required for new construction facilities or when modifications are made to existing facilities. In addition to services at NNSA/NV facilities, the TSCM team may be required to support other DOE and/or NNSA facilities as directed by the TSCMOM.

TSCM work will primarily be performed at the locations listed below. However, other locations for services may arise. The NNSA/NV TSCMOM will provide information relating to additional sites as necessary. Primary work locations are: NNSA/NV, Las Vegas, NV; Nevada Test Site, Mercury, NV; Remote Sensing Laboratory - West, Las Vegas, NV; NNSA/NV Contractor facilities, Las Vegas, NV; Remote Sensing Laboratory – East, Andrews Air Force Base, MD; Special Technologies Laboratory, Santa Barbara, CA, and other DOE and/or NNSA facilities.

NNSA/NV will provide technical hardware, software, and equipment required to accomplish TSCM tasking.

The contractor shall provide TSCM support for tasks indicated below and as assigned by the NNSA/NV TSCM Operations Manager (TSCMOM) or designated alternate.

- a. Provide on-call support for NNSA/NV TSCM survey requirements. The on-call support shall be available to respond to NNSA/NV sites within 72 hours of the notification of a survey requirement.

F-1332.1.WPD>031897

## REPORTING REQUIREMENTS CHECKLIST

### PURPOSE

The checklist identifies and communicates additional reporting requirements which are not otherwise set forth in DOE contractual agreement. It will be included as part of the contractual agreements. The checklist will be completed for each contract or financial incentives agreement. If necessary, special instructions may be appended to modify the checklist to adapt it to specific situation.

### INSTRUCTIONS

**Item 1.** Enter the title of the project as indicated in the procurement request, contract, interagency agreement, initiating memorandum, or official award, as appropriate.

**Item 2.** Enter the identification number of the procurement request, contract award, or financial incentives agreement, as appropriate.

**Item 3.** Enter the name and address of the participant.

**Item 4.** Check spaces to indicate plans and reports selected. For each reporting requirement selected, indicate the frequency of delivery using one of the frequency codes from Item 5. The addressees to whom reports will be sent and the total number of copies required will be referenced in an attached coded distribution list.

Note: Frequency codes represent specific reporting frequencies for each selected report. The frequencies are recommended in the solicitation and negotiated prior to award. The number of copies required and the addressees are similarly finalized prior to award.

**Item 5.** This item lists the possible frequency codes to be applied in the selection of reporting requirements.

**Item 6.** Attach special instructions as necessary. Check the appropriate box(es).

**Item 7.** Signature of person preparing checklist and the date prepared.

**Item 8.** Signature of person reviewing the checklist and date reviewed.

## Reporting Requirements Checklist Attachment (1)

Document	Description	Delivery Frequency
TSCM Survey Reports	Details of activities conducted for each TSCM survey	15 days After Completion of Survey
TSCM Meeting Minutes	Minutes documenting discussions at any TSCM meeting	15 days After Completion of Meeting
TSCM Quarterly Equipment Status Reports	Report detailing status of TSCM equipment during the previous quarter	Quarterly submitted on 15 Jan, 15 Apr, 15 Jul and 15 Oct for previous quarter
Monthly Status Reports	Report of TSCM activities for each month	Monthly – delivery by 20 <sup>th</sup> of each month
TSCM Survey Schedule	Planning schedule for known TSCM services for the coming year	30 days After contract award and annually thereafter
TSCM Annual Activity Report	Summary of TSCM activities, TSCM technician status, training, and equipment status for the previous year	13 months after contract award and annually thereafter
Funding Status Reports	Report on status of contract year-to-date funding	45 days after contract award and monthly thereafter
Material Purchase Receipts	Documentation on purchase of materials in support of TSCM services	30 days After purchase of materials

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**ATTACHMENT J-3**  
**BILLING INSTRUCTIONS**

1. Introduction

These instructions are provided for use by the Contractor in the preparation and submission of vouchers requesting reimbursement for work performance under the contract. Compliance with these instructions will reduce correspondence and other causes for delay and will promote prompt payments to the Contractor.

2. Electronic Payments

The National Nuclear Security Administration Albuquerque Operations Office (NNSA/AL) is the cognizant office for submission of invoices and issuing of payments. The National Nuclear Security Administration Nevada Operations Office (NNSA/NV) is the cognizant office for accumulating costs incurred and ensuring a sound contract cost record. Payments will be made through the Automated Clearing House (ACH) electronic payment system. In lieu of receiving payment by check, payments shall be sent via ACH and automatically credited to the designated account at the designated financial institution. The Contractor shall complete Standard Form 3881 – ACH Vendor/Miscellaneous Payment Enrollment Form, prior to receiving any payments under this contract.

3. Voucher Form

In requesting reimbursements, the Contractor shall use Standard Form 1034, entitled “Public Voucher for Purchases and Services Other than Personal,” Attachment J-6, or other format which provides substantially the same information as found on the SF 1034. A computerized version of the Standard Form 1034 may be used.

4. Billing Period

A voucher shall be submitted no more frequently than twice monthly (unless prior written consent of the Contracting Officer for more frequent billing is obtained).

5. Submission

- (a) The Contractor is encouraged to use regular mail in lieu of express mail methods to promote cost effectiveness.
- (b) To be considered a proper invoice, the invoice (or voucher) must include the following:
  - Name of the company and invoice date
  - Delivery Order Number
  - Billing period
- (c) Distribution of the original invoice and copies shall be made as described below. Failure to comply with the invoice mailing instructions will result in delayed payments.

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**ATTACHMENT J-3**  
**BILLING INSTRUCTIONS**

- One original of each voucher/billing, SF 1034, or other format which provides substantially the same information as found on the SF 1034, shall be submitted to:

National Nuclear Security Administration  
Albuquerque Operations Office (NNSA/AL)  
ATTN: AFSC/VGST  
P.O. Box 5087  
Kirtland AFB  
Albuquerque, NM 87185-5087

- One copy of the SF 1034, or other format which provides substantially the same information as found on the SF 1034, shall be mailed to the cognizant contract specialist:

National Nuclear Security Administration  
Nevada Operations Office (NNSA/NV)  
Contracts and Property Management Division  
P.O. Box 98518  
Las Vegas, NV 89193-8518  
ATTN: Tammie L. Henderson

The NNSA/NV Contracts and Property Management Division will review the invoice and, if acceptable, provide approval for payment to NNSA/AL. The payment will be processed by NNSA/AL. The NNSA/NV Contracts Management Division will resolve issues regarding invoices unacceptable for payment in coordination with the vendor.

IF A COPY OF THE VENDOR'S INVOICE IS NOT SUBMITTED TO THE CONTRACTS MANAGEMENT DIVISION, THE INVOICE WILL NOT BE PROCESSED FOR PAYMENT.

**6. Preparation of Standard Form 1034**

Vouchers shall be sequentially numbered. Each voucher shall be assigned a non-repeating number. Should a voucher be returned for corrections, the revised voucher shall receive the same number and shall include the suffix "R."

- Enter date the voucher was prepared.
- Enter the Delivery Order Number and effective date of the contract.
- Enter the Contractor's name and mailing address and telephone number of the office which payment is to be sent. This information must be consistent with the information included in the contract.

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**BILLING INSTRUCTIONS**

- Enter the billing period.
- Enter the description of service.
- Enter the dollar amount of the current voucher/billing.
- Enter the total amount billed to date.



**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**ATTACHMENT J-4**  
**LIST OF APPLICABLE DIRECTIVES**

**Key: O=Order M= Manual N= Notice G=Guide NV= Nevada Operations Office**

<b>Directive No.</b>	<b>Subject/Title of Directive</b>	<b>Flowdown to Subcontractor (Y=Yes; N=No)</b>
O 200.1	Information Management Program	N
M 200.1-1	Telecommunication Security Manual	Y
G 200.1-1	Implementation Guide for Records Management	N
N 205.1	Unclassified Cyber Security	Y
N 221.6	Reporting Fraud, Waste, and Abuse	N
O 230.XA	DOE/NV Lessons Learned Program	N
O 231.1	Environment, Safety and Health Reporting	N
O 232.1A	Occurrence Reporting and Processing of Operations Information	N
M 232.1-1A	Occurrence Reporting and Processing of Operations Information	N
P 241.1	DOE Nevada Operations Office Internet Policy	Y
O 414.1	Quality Assurance	Y
O 440.1A	Worker Protection Management for DOE Federal and Contractor Employees	Y
P 450.4	Safety Management System Policy	
O 451.1B	NEPA Compliance Program	Y
O 470.1	Safeguards and Security Program	Y
O 471.1A	Identification and Protection of Unclassified Controlled Nuclear Information	Y
O 471.2A	Information Security Program	Y
N 471.2	Extension of DOE O 471.2A Information Security Program	Y

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**LIST OF APPLICABLE DIRECTIVES**

**Key: O=Order M= Manual N= Notice G=Guide NV= Nevada Operations Office**

<b>Directive No.</b>	<b>Subject/Title of Directive</b>	<b>Flowdown to Subcontractor (Y=Yes; N=No)</b>
M 471.2-1C	Classified Matter Protection and Control Manual	Y
M 471.2-2	Classified Information Systems Security Manual	Y
O 471.3	Reporting Incidents of Security Concern	Y
O 472.1B	Personnel Security Activities	Y
M 472.1-1A	Personnel Security Program Manual	Y
M 475.1-1A	Identifying Classified Information	Y
G 1324.5B	Implementation Guide for Records Management	N
G 1340.1B	Management of Public Communications Publications and Scientific, Technical, and Engineering Publications	Y
O 1450.4	Consensual Listening in to or Recording Telephone/ Radio Conversations Inspector General	Y
O 1500.2A	Government Travel Policy and Procedures	N
O 2320.1C	Cooperation with the Office of Inspector General	N
O 5632.1C	Protection and Control of Safeguards & Security Interests	Y
M 5632.1C-1	Manual for Protection and Control of Safeguards and Security Interests	Y
	DOE Technical Surveillance Countermeasures Procedural Manual dated October 1994 (classified)	Y

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-5**  
**SAMPLE TASK PLANS**

Work Effort: TSCM Survey  
 Location: Santa Barbara, California  
 Labor: 2-person team (one person must be TSCM certified)  
 40 hours per week, Monday through Friday, over a one-week period (80 hours total)

**LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):**

	Qty	Unit	Fixed Unit Price	Total Amount
1 TSCM Support				
1A _____	_____	Hrs	_____	\$ _____
1B _____	_____	Hrs	_____	\$ _____
1C _____	_____	Hrs	_____	\$ _____
TOTAL LABOR:	80			\$ _____

**COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

TRAVEL: Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

EQUIPMENT: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**SAMPLE TASK PLANS**

Work Effort: TSCM Survey  
 Location: Washington DC  
 Labor: 2-person team (one person must be TSCM certified)  
 40 hours per week, Monday through Friday, over a one-week period (80 hours total)

**LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):**

	Qty	Unit	Fixed Unit Price	Total Amount
1 TSCM Support				
1A _____	_____	Hrs	_____	\$ _____
1B _____	_____	Hrs	_____	\$ _____
1C _____	_____	Hrs	_____	\$ _____
<b>TOTAL:</b>	<b>80</b>			<b>\$ _____</b>

**COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

**TRAVEL:** Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

**EQUIPMENT:** It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**SAMPLE TASK PLANS**

Work Effort: TSCM Survey  
 Location: Las Vegas, Nevada  
 Labor: 2-person team (one person must be TSCM certified)  
 40 hours per week, Monday through Friday, over a one-week period (80 hours total)

**LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):**

	Qty	Unit	Fixed Unit Price	Total Amount
1 TSCM Support				
1A _____	_____	Hrs	_____	\$ _____
1B _____	_____	Hrs	_____	\$ _____
1C _____	_____	Hrs	_____	\$ _____
TOTAL:	80			\$ _____

**COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

TRAVEL: Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

EQUIPMENT: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**SAMPLE TASK PLANS**

Work Effort: TSCM Inspection  
 Location: Santa Barbara, California  
 Labor: 2-person team (one person must be TSCM certified)  
 40 hours per week, Monday through Friday, over a one-week period (80 hours total)

**LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):**

	Qty	Unit	Fixed Unit Price	Total Amount
1 TSCM Support				
1A _____	_____	Hrs	_____	\$ _____
1B _____	_____	Hrs	_____	\$ _____
1C _____	_____	Hrs	_____	\$ _____
TOTAL:	80			\$ _____

**COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

TRAVEL: Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

EQUIPMENT: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**

**SECTION J**

**ATTACHMENT J-5  
SAMPLE TASK PLANS**

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**ATTACHMENT J-5**  
**SAMPLE TASK PLANS**

Work Effort: TSCM Inspection  
 Location: Washington DC  
 Labor: 2-person team (one person must be TSCM certified)  
 40 hours per week, Monday through Friday, over a one-week period (80 hours total)

**LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):**

	Qty	Unit	Fixed Unit Price	Total Amount
1 TSCM Support				
1A _____	_____	Hrs	_____	\$ _____
1B _____	_____	Hrs	_____	\$ _____
1C _____	_____	Hrs	_____	\$ _____
TOTAL:	80			\$ _____

**COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

TRAVEL: Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

EQUIPMENT: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____



**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-5**  
**SAMPLE TASK PLANS**

Work Effort: TSCM Inspection  
 Location: Las Vegas, Nevada  
 Labor: 2-person team (one person must be TSCM certified)  
 40 hours per week, Monday through Friday, over a one-week period (80 hours total)

**LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):**

	Qty	Unit	Fixed Unit Price	Total Amount
1 TSCM Support				
1A _____	_____	Hrs	_____	\$ _____
1B _____	_____	Hrs	_____	\$ _____
1C _____	_____	Hrs	_____	\$ _____
TOTAL:	80			\$ _____

**COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

TRAVEL: Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

EQUIPMENT: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
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**ATTACHMENT J-5**  
**SAMPLE TASK PLANS**

Work Effort: TSCM Monitor  
 Location: Las Vegas, Nevada  
 Labor: one person (must be TSCM certified)

**LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):**

1 TSCM Support	Qty	Unit	Fixed Unit Price	Total Amount
1A _____	_____	Hrs	_____	\$ _____
1B _____	_____	Hrs	_____	\$ _____
1C _____	_____	Hrs	_____	\$ _____
TOTAL:	16			\$ _____

**COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Travel: Provide itemized travel expenses to include: airfare, per diem, rental vehicles, etc.

Assume the contractor will be given **72-hour** notice prior to being required to perform the work effort.

Cost Category	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S  
NAME  
AND  
ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICE (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QTY	UNIT PRICE		AMOUNT ( <sup>1</sup> )
				COST	PER	

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

<b>PAYMENT:</b> <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	<b>APPROVED FOR</b> =\$	<b>EXCHANGE RATE</b> =\$1.00	<b>DIFFERENCES</b>	
	BY <sup>2</sup>			
			Amount verified; correct for	
	TITLE		(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)<sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

<b>PAID BY</b>	<b>CHECK NUMBER</b>	<b>ON ACCOUNT OF U.S. TREASURY</b>	<b>CHECK NUMBER</b>	<b>ON (Name of bank)</b>
	<b>CASH</b>	<b>DATE</b>	<b>PAYEE<sup>3</sup></b>	
	\$			

<sup>1</sup>When stated in foreign currency, insert name of currency.

<sup>2</sup>If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provide, over his official title.

<sup>3</sup>When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-7**  
**SAMPLE PROPOSAL VOLUME TITLE PAGE**

(Sample Proposal Cover Page)

**VOLUME II – TECHNICAL AND ORGANIZATION/MANAGEMENT PROPOSALS**

Submitted to the  
**NATIONAL NUCLEAR SECURITY ADMINISTRATION**  
**NEVADA OPERATIONS OFFICE**

In Response to

RFP No. DE-RP08-03NV14328

By

(Full Company Name and Address)

For evaluation purposes by or on behalf of the National Nuclear Security Administration: This proposal may be evaluated by non-federal employees \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Proposal Submission: \_\_\_\_\_

Effective Period of Proposal is 180 days \_\_\_\_\_ Yes \_\_\_\_\_ No

Official Contact for Negotiations: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Telephone Number)

Position and Title of Person Signing the Proposal: \_\_\_\_\_

Authorized Official:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name Typed: \_\_\_\_\_ Date \_\_\_\_\_

The data contained in pages \_\_\_\_\_ of this application has been submitted in confidence and contains trade secrets or proprietary information; such data shall be used or disclosed only for evaluation purposes, provided that this proposal results in an award as a result of or in connection with the submission of this technical proposal. The NNSA shall have the right to use or disclose the data herein to the extent provided in the award. This restriction does not limit the Government's right to use or disclose data obtained without restriction from any source, including the proposer.

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-8**  
**PAST PERFORMANCE QUESTIONNAIRE**

Please rate the Offeror as Unsatisfactory, Poor, Fair, Good, Excellent, or Outstanding in the following four (4) areas by putting an X in the appropriate box. Please give a short narrative as to why you chose the adjective you did, especially for those areas rated as Unsatisfactory, Poor, or Fair.

Definitions:

**Unsatisfactory**--Nonconformance/compromising; **Poor**--Requires major NNSA assistance or relief to ensure achievement of contract requirements; **Fair**--Requires minor NNSA assistance or relief to ensure achievement of contract requirements; **Good**--Does not impact achievement of contract requirements; **Excellent**--No problems/cost issues/delays; **Outstanding**--Demonstrated exceptional performance level.

If the Scope of Work did not require the performance element or the rating official could not evaluate this element, please note it as such in the comment box.

	Unsatisfactory	Poor	Fair	Good	Excellent	Outstanding
1. Quality of Service						
Comment on the contractor's technical accuracy, appropriateness and thoroughness of analysis, and/or other aspects of deliverable quality:						
2. Cost Control						
Comment on the contractor's adherence to established budget, assignment of personnel of appropriate technical expertise, appropriate and efficient use of resources, accurate and complete billing, relationship of negotiated cost to actual cost, and/or other aspects of cost-effectiveness:						
3. Timeliness of Performance						
Comment on the contractor's provision of input to initial schedule, timely project startup, adherence to established schedule, identification of potential delays, proposal and execution of measures to avert delay, on-time submittal of deliverables, on-time contract administration, no liquidated damages assessed, and/or other aspects of timeliness:						

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-8**  
**PAST PERFORMANCE QUESTIONNAIRE**

<b>4. Business Relations</b>		Unsatisfactory	Poor	Fair	Good	Excellent	Outstanding
<p>Comment on the contractor's responsiveness to Contracting Officer/Document Manager instructions, communication links at project and technical levels, response to work scope changes, response to special requests, ability to address and resolve problems, and/or other aspects of responsiveness:</p>							
<p>Overall Rating (Based on detailed evaluation of items 1-4)</p>							
<p>Comments:</p>							

Contractor (Company/Division): \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Project Manager (Name &amp; Phone): \_\_\_\_\_

Contract No./Task No.(s): \_\_\_\_\_

Type of Award \_\_\_\_\_ 8 (a) \_\_\_\_\_ Sealed Bid \_\_\_\_\_ Negotiated \_\_\_\_\_ Competitive \_\_\_\_\_ Noncompetitive

Contract Type \_\_\_\_\_ CPAF \_\_\_\_\_ CPIF \_\_\_\_\_ ID/IQ \_\_\_\_\_ FFP \_\_\_\_\_ FP-IF \_\_\_\_\_ Other (Specify)

Type of Work Performed: \_\_\_\_\_

Initial Cost: \$ \_\_\_\_\_ Modifications: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_ Task Orders Issued: \$ \_\_\_\_\_

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-8**  
**PAST PERFORMANCE QUESTIONNAIRE**

Contract Start Date: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_ Actual Completion Date: \_\_\_\_\_

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-9**  
**PAST PERFORMANCE INFORMATION SHEET**

Check one ☐ Prime ☐ Subcontractor

NOTE: If the company has no corporate experience, the company may provide information from each individual's past employer. A Past Performance Information Sheet shall be completed for up to three (3) references for the prime contractor and each subcontractor.

Information Item	Reference No.
1. Name of Contracting Entity/Current Address	
2. Name of Customer/Position/Department	
3. Contract Number	
4. Contract Type	
5. Total Contract Value	
6. Brief Description of Work/Relevancy to the Scope of Work in Section C of the Solicitation	
7. Name of Contract Administrator/Position	
8. Contract Administrator's Telephone Number	
9. Contract Administrator's Fax Number	
10. Contract Administrator's E-mail Address	
11. Name of Contract Technical Administrator/ Position	
12. Technical Administrator's Telephone Number	
13. Technical Administrator's Fax Number	
14. Technical Administrator's E-mail Address	
15. List of Major Subcontractors	



**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-9**  
**PAST PERFORMANCE INFORMATION SHEET**

16. Specific Performance Information	
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Check \_\_\_\_\_ The information above is accurate, current and complete.

**PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS**  
**SECTION J**  
**ATTACHMENT J-10**  
**NOTICE OF INTENT TO PROPOSE**

**NOTICE:**     **The request for this information is for NNSA purposes only.** This information will not be loaded into an NNSA Bidder's list. You are still responsible for viewing the Internet site to view all solicitation notices and amendments.

Please return this notice via facsimile message to: 702-295-5305.

**NOTICE OF INTENT TO PROPOSE**

**TO:**

National Nuclear Security Administration  
Nevada Operations Office  
Contracts & Property Management Division  
P.O. Box 98518  
Las Vegas, NV 89193-8518  
ATTN: Tammie L. Henderson

**FROM:**

(Name of Offeror)

(Organization/Division)

(Address)

(City, State, ZIP Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email Address)

Please be advised that I \_\_\_\_ plan/do not \_\_\_\_ plan, to submit a proposal to the National Nuclear Security Administration in response to Solicitation No. DE-RP08-01NV13990.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Telephone Number)

<b>CERTIFICATE PERTAINING TO FOREIGN INTERESTS</b> <i>(Type or print all answers)</i>		<i>Form Approved</i> <b>OMB No. 0704-0194</b> <i>Expires Dec 31, 2000</i>
<b>PART III - LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS, SECTION J, ATTACHMENT J-11</b>		
The public reporting burden for this collection of information is estimated to average 70 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0194), 1215 Jefferson Davis Highway, Suite 1214, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO YOUR RESPECTIVE COGNIZANT SECURITY OFFICE.</b>		
<b>PENALTY NOTICE</b>		
Failure to answer all questions or any misrepresentation (by omission or concealment, or by misleading, false or partial answers) may serve as a basis for denial of clearance for access to classified information. In addition, Title 18, United States Code 1001, makes it a criminal offense, punishable by a maximum of five (5) years imprisonment, \$15,000 fine or both,	knowingly to make a false statement or representation to any Department or Agency of the United States, as to any matter within the jurisdiction of any Department or Agency of the United States. This includes any statement made herein which is knowingly incorrect, incomplete or misleading in any important particular.	
<b>PROVISIONS</b>		
1. This report is authorized by the Secretary of Defense, as Executive Agent for the National Industrial Security Program, pursuant to Executive Order 12829. While you are not required to respond, your eligibility for a facility security clearance cannot be determined if you do not complete this form. The retention of a facility security clearance is contingent upon your compliance with the requirements of DoD 5220.22-M for submission of a revised form as appropriate.	2. When this report is submitted in confidence and is so marked, applicable exemptions to the Freedom of Information Act will be invoked to withhold it from public disclosure.  3. Complete all questions on this form. Mark "Yes" or "No" for each question. If your answer is "Yes" furnish in full the complete information under "Remarks."	
<b>QUESTIONS AND ANSWERS</b>		
	YES	NO
1. (Answer 1a. or 1b.)  a. (For entities <i>which</i> issue <i>stock</i> ): Do any foreign person(s), directly or indirectly, own or have beneficial ownership of 5 percent or more of the outstanding shares of any class of your organization's equity securities?  b. (For entities <i>which do not</i> issue <i>stock</i> ): Has any foreign person directly or indirectly subscribed 5 percent or more of your organization's total capital commitment?		
2. Does your organization directly, or indirectly through your subsidiaries and/or affiliates, own 10 percent or more of any foreign interest?		
3. Do any non-U.S. citizens serve as members of your organization's board of directors (or similar governing body), officers, executive personnel, general partners, regents, trustees or senior management officials?		
4. Does any foreign person(s) have the power, direct or indirect, to control the election, appointment, or tenure of members of your organization's board of directors (or similar governing body) or other management positions of your organization, or have the power to control or cause the direction of other decisions or activities of your organization?		
5. Does your organization have any contracts, agreements, understandings, or arrangements with a foreign person(s)?		
6. Does your organization, whether as borrower, surety, guarantor or otherwise have any indebtedness, liabilities or obligations to a foreign person(s)?		
7. During your last fiscal year, did your organization derive:  a. 5 percent or more of its total revenues or net income from any single foreign person?  b. In the aggregate 30 percent or more of its revenues or net income from foreign persons?		
8. Is 10 percent or more of any class of your organization's voting securities held in "nominee" shares, in "street names" or in some other method which does not identify the beneficial owner?		
9. Do any of the members of your organization's board of directors (or similar governing body), officers, executive personnel, general partners, regents, trustees or senior management officials hold any positions with, or serve as consultants for, any foreign person(s)?		
10. Is there any other factor(s) that indicates or demonstrates a capability on the part of foreign persons to control or influence the operations or management of your organization?		

**STANDARD FORM 328 (4/1997)**  
**(EG)**

REPLACES DD FORM 4415  
 WHICH IS OBSOLETE

Designed Using Perform Pro, WHS/DIOR, Jan 98

**REMARKS** (Attach additional sheets, if necessary, for a full detailed statement.)

**CERTIFICATION**

I CERTIFY that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

**WITNESSES:**

\_\_\_\_\_  
(Date Certified)

By

\_\_\_\_\_  
(Contractor)

NOTE: In case of a corporation, a witness is not required but the certificate below must be completed. Type or print names under all signatures.

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address)

NOTE: Contractor, if a corporation, should cause the following certificate to be executed under its corporate seal, provided that the same officer shall not execute both the Agreement and the Certificate.

**CERTIFICATE**

I, \_\_\_\_\_, certify that I am the \_\_\_\_\_

of the corporation named as Contractor herein; that \_\_\_\_\_

who signed this certificate on behalf of the Contractor, was then \_\_\_\_\_  
of said corporation; that said certificate was duly signed for and in behalf of said corporation by authority of its governing body, and is within the scope of its corporate powers.

(Corporate Seal)

\_\_\_\_\_  
(Signature and Date)